



POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)

Post ZIP Code	Day of Delivery	Flat Rate Envelope
95013	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date in	Mo. Day	Postage
7/27/01	7/27/01	\$ 16.25
Time in	Mo. Day	Return Receipt Fee
11:45 AM	7/27/01	\$ 2.00
Weight	Int'l Alpha Country Code	COO Fee
10.00 lbs.		
No Delivery	Acceptance Clerk Initials	Ins. Fee
<input type="checkbox"/> Week-end <input type="checkbox"/> Holiday		

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature	Mo. Day	Employee Signature
AUG 28 2001		

CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

☐ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. Insured delivery to be made without obtaining signature of addressee. If addressee's agent (if delivery employee judges delivery can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

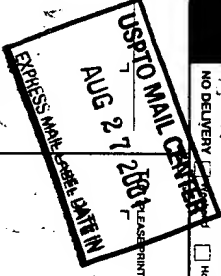
☐ No Delivery

Customer Signature

FROM: (PLEASE PRINT)

PHONE ()

PHONE ()



FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Label 11-B September 1999



Addressee Copy